

MEDICAL RECORD**Clinical Center Pain and Palliative Care Service:
Telephone Follow Up**

Date: _____

Person spoken to:

☐ Patient☐ Health Care Provider (title:) _____☐ Family member/Caregiver (indicate relationship to patient): _____

Description of Telephone Conversation:

Assessment:

Medication Changes: _____ Yes _____ No (if yes, describe changes)

Additional Interventions Suggested:

Follow up:

☐ Referral to Pain and Palliative Care Service member: _____☐ Clinic appointment scheduled (date/time): _____☐ Patient instructed to call office for appointment: _____☐ Primary NIH care team follow-up (date/time): _____☐ Telephone follow-up (date/time): _____☐ Other: _____

Primary NIH care team member contacted: _____

Hospice staff contacted: _____

Consultant Name (print)

Title

Consultant Signature

Date

Patient Identification

Clinical Center Pain and Palliative Care:
Telephone Follow Up
NIH-546-6 (6-03)
P.A. 09-25-0099
File in Section 2: Progress Notes